

COMMUNICABLE DISEASE RISK EXPOSURE REPORT

The filing of this report and all information entered on it are to be held in strictest confidence in conformance with 63 O.S. Supp. 1988, Section 1-502.1, et seq.

Exposed worker section (Please Print)

- 1. Employee Name: _____
- 2. Birthdate: _____
- 3. Profession/Job Title: _____
- 4. Work Site/Telephone: _____
- 5. Home address/Telephone: _____
- 6. Employer /Company Name: _____
- 7. Supervisor's Name/Telephone: _____
- 8. Date of Exposure: _____
- 9. Detailed Description of Potential Exposure: _____

- 10. Exposed worker has ___ has not ___ completed the Full Series of Hepatitis B Vaccine.
- 11. Source person's name: _____
- 12. Disposition of source person (include address) _____

TO BE COMPLETED BY EMPLOYER 'S DESIGNEE:

The employer agrees to be responsible for all reasonable charges incurred in the disposition of the risk Exposure incident.

13. Employer Designee Reviewing form:

Name: _____ Signature: _____ Date: _____